

【CHO LEVEL】 Performance Standard and Criteria for Supervision (Version 2.5)

I.MANAGERIAL AREAS				Code
I-I Data Management				
1	All health related records(ANC Register, Birth and Emergency plan, Maternal Health Record, Postnatal Register, Child Health Records, Referral Records, Midwives Returns, Home Visit Book, CWC Book, Health Promotion Activity Report...) are kept according to standard	1	Standard directory of filling is available and updated.	1
		2	All sections, columns and cells of registers/reports are completed and up to date.	2
		3	Community registers are updated monthly and community profile updated annually.	3
I-II Financial Management				
1	Financial Management is conducted according to standard operations guidelines	1	Internally Generated Fund is recorded according to standard operations guidelines and cash is banked or sent to the SDHT (daily, weekly, monthly).	4
I-III Activities Schedule and Meetings				
1	Regular meetings are organized.	1	Meetings are organized monthly with CHVs and the Minutes are available and current.	5
		2	Quarterly CHMC meetings are organized and minutes are available.	6
2	Action plans and information sharing with SDHT and CHVs	1	Daily Attendance register is available and current	7
		2	Monthly work plan of CHPS zone is available, implemented and monitored	8
I-IV Supply Management				
1	Standard Inventory management is conducted at facility.	1	All health commodities as specified in the guideline are stocked above the re-order level.	9
		2	Monthly stock check is conducted (check drugs returns).	10
		3	All commodities are kept in good condition, organized and issued according to FEFO (FIRST-TO-EXPIRE, FIRST-OUT).	11
		4	All unserviceable commodities and excess stock are stored separately or excess stock is in process of being returned.	12
		5	Health commodities are ordered and issued according to the established guideline.	13
I-V Transport, Equipment, Estates and Facility				
1	Motorbikes are maintained.	1	Monthly motorbikes servicing is conducted.	14
2	All equipment and assets are stored and maintained according to standard	1	Assets register is available and updated. (Equipment part of assets)	15
		2	All the equipment in use and in store is functional.	16
		3	All items (e.g., stationeries) are set in order, and the stock items are categorized in appropriate sections/areas.	17
		4	All assets and equipment are embossed according to standard or guideline.	18
		5	Cold chain equipment, fridge is monitored with a thermometer and the temperature recorded on the daily monitoring sheet	19
3	Facility and its surroundings are well maintained and in good condition.	1	The rooms are well organized for the purpose. Cleanliness and privacy are maintained.	20
		2	Surrounding of the facility is kept clean, well lit, water source and disposal pit are functioning.	21

II. QUALITY IMPROVEMENT AT WORKPLACE				
II-I Preventive Maintenance				
1	All equipment and assets are stored and maintained according to guidelines.	1	Non-functioning equipment are separated and stored in designated place for disposal or repair.	22
		2	Necessary manuals and instructions accompanied with equipment are filed or displayed near equipment for easy access and reference.	23
		3	Regular maintenance of equipment is conducted.	24
II-II Infection Prevention & Control				
1	Universal standard precautions are followed in the facility.	1	Soap, alcohol rub and water are readily available at each procedure room.	25
		2	Hand washing is done before and after every procedure according to protocol.	26
		3	Personal Protective Materials are readily available for use (such as "disposable Glove"). [check procedure areas]	27
		4	Re-Usable Personal Protective Materials (e.g., utility gloves, plastic apron, wellington boots, and mackintosh) are maintained, cleaned and stored according to protocol	28
		5	Implementation of routine cleaning of the facility is conducted according to schedule.	29
2	Medical equipment is disinfected and readily available for use.	1	Relevant disinfectants (Chlorine/ Clorhexidene solution) are available and properly labeled. [Check expiry dates, strengths etc.]	30
		2	Medical instruments / equipment are processed and maintained for safe use according to guideline(decontamination and cleaning)	31
		3	Medical equipment are stored according to guideline to avoid possible contamination.	32
3	Waste from facility is managed according to standard precaution guidelines.	1	Labeled waste containers for different type of waste are available at where the services are provided.	33
		2	All medical waste is disposed according to the set guideline or procedure.	34
		3	No hazardous items are exposed in the facility.	35
II-III Emergency Preparedness				
1	The facility is prepared for receiving delivery and emergency cases.	1	Minimum set of equipment are available and ready for emergency (including at least 2 sterile delivery kits.)	36
		2	Essential emergency procedures/protocols are displayed for easy access and reference.	37

III. SERVICE DELIVERY				
III-I Maternal/ Neonatal Health & Child Health				
1	Guideline and Protocol are available at the service delivery point and accessible to all staff.	1	Guideline and Protocol / charts are placed on the wall at the appropriate places for reference in performing procedures.	38
2	Family planning is provided according to policy guidelines.	1	Family planning commodities are available and above re-order level.	39
		2	Family planning is given as specified in the guideline. [check family planning register for completeness and correct recordings]	40

3	Focused Antenatal care is provided according to policy guidelines.	1	Commodities for focused antenatal care are available. (Iron/folate tablets, TT vaccine, SP package). [check for the contents]	41
		2	Antenatal care is given as specified in the guideline. [check antenatal care register/cards for and maternal health records for completeness and correct recordings]	42
		3	PMTCT services are provided according to policy guidelines. [check PMTCT register]	43
4	Delivery and emergency services are provided according to policy guidelines.	1	Minimum quantity of emergency drugs and supplies are available in the facility, ready for use (oxytocin, antibiotics).	44
5	Postnatal care is provided according to policy guidelines.	1	Commodities for postnatal care are available (Iron/folate tablets, vaccines, Vitamin A etc.). [check for the contents]	45
		2	Postnatal care is given as specified in the guideline. [check Postnatal care register for completeness and correct recordings]	46
6	Quality is maintained in the report on RCH services (FP, ANC, Delivery and PNC)	1	Reporting of Family planning, Antenatal, Delivery and Postnatal is done at specified interval correctly.	47
		2	Used registers/reports are kept at a section in the stores.	48
7	EPI is conducted according to policy guidelines.	1	There is an updated graph showing coverage of various antigens (BCG, OPV1-3, Penta 1-3, PCV1-3, Rota 1-2, MLS 1-2, YF, TT etc) clearly displayed.	49
		2	Dropout rate is calculated correctly and updated chart displayed.	50
		3	There is a chart showing wastage of various antigens.	51
8	School health services are conducted according to guidelines.	1	School health services are conducted according to schedule. [check reports and registers]	52
9	Child Welfare Clinic (growth monitoring) is conducted properly	1	Child Welfare Clinic (growth monitoring and promotion) is conducted monthly and entries done correctly [check registers].	53
10	List of the structured training experience of each staff on MNH is recorded and updated.	1	List of the structured training experience of each staff on MNH is recorded and updated.	54

III-II Disease Control / Surveillance

1	Surveillance is conducted according to guidelines and reports submitted timely	1	There is updated graph showing cases/vital events and diseases under surveillance.	55
		2	All CBSV (Community Based Surveillance Volunteers) are supervised monthly and reports submitted [Check the Number of CBSV's reporting]	56
		3	There are spot maps showing areas in the CHPS Zones where diseases of public health importance occur.	57

III-III Health Promotion

1	Reproductive health promotion is conducted.	1	Family planning promotion is carried out. [check monthly reports]	58
		2	Promotion of early ANC, skilled delivery and PNC is carried out. [check monthly reports]	59
		3	The number of population reached with health promotion is recorded by sex and age group [check monthly reports].	60
2	IEC materials are available and in use.	1	IEC Materials are available in the facility (such as ANC, Skilled Delivery, PNC etc. flip charts etc.)	61
		2	IEC materials are used to carry out health promotion activities (check reporting formats)	62
3	Health promotion is conducted.	1	Health promotion sessions are conducted during the last month. (check reports of home visits, outreaches, SHEP, etc.)	63

III-IV Community Participation

1	Regular home visits are carried out.	1	Regular home visits for ANC, PNC are carried out by the CHOs, or CHV.	64
		2	Defaulter tracing is conducted (Evidence of defaulter tracing)	65
2	Develop communities health activities with support of CHOs.	1	Community members with the support of the CHO develop CHAPs and it is regularly monitored, reviewed and updated.	66
		2	CHO support communities to implement CETS and ensure its monitoring and operation.	67
3	Communities are sensitized.	1	Durbars and meetings are organized quarterly	68
			Meetings with Community Based volunteers (CBA, CBSVs, TBA, etc.) are conducted monthly (quarterly).	69
			Visit to other health partners (the traditional healers, chemical sellers or private midwives) are conducted monthly.	70

IV. REFFERAL & FEED BACK

1	Availability of standard referral tools and treatment guidelines.	1	At least 10 sets of GHS referral forms are available.	71
		2	Entries in the referral register are completed including feedback received	72
		3	Current National Treatment Guideline is available and accessible at the area where consultation is done.	73
2	Records are kept properly	1	Documented evidence of referral sent (pink form) remain in the GHS referral booklet.	74
		2	Received feedback forms are kept in each patient folder or a feedback file.	75
3	Support system for referral is established.	1	Transport is available (National Ambulance, CETS or other available means of transport mode).	76
		2	Telephone directory is accessible to all staff, displayed and regularly updated.	77
4	Referral system is functioning.	1	No. of referral cases sent in last 3 months is recorded.	78
		2	No. of feedbacks received in last 3 months is recorded.	79

V. MONITORING & SUPERVISION SYSTEM (FSV)

1	FSV from CHO to CHV is conducted	1	Monthly CHVs-supervision is conducted.	80
2	All the monitoring sheets are submitted to SDHT	1	Copies of supervisory reports are submitted to SDHT.	81
		2	Findings of supervision is implemented from SDHT to CHO and from CHO to CHV that the CHO is responsible	82
3	The report and documents of CHMC& CHV level are submitted to CHO on time.	1	Monitoring reports of CHVs by CHO are submitted timely.	83
4	CHO participates in CHPS Review Meeting.	1	CHOs participate in the quarterly CHPS Review Meeting (conducted by DHMT).	84